## MAIL CODE ADDRESS/CHANGE FORM

**INSTRUCTIONS:** 

<u>Change</u> – for new or updated phone number, fax number, contact name, and mailtype flags only. Please indicate existing mailcode.

<u>Corrections</u> – for keypunch correction only (example: misspelling and transposition).

Please indicate existing mailcode. Add – new address information.

· · ·		NAME (or Legal Business Name)	
FEIN SSN			
	EXISTING MAIL CODE		
	Attn – 1:	Phone: (	)
☐ Change		Fax: <u>(</u>	)
☐ Correction	Street or P.O. Box:		
☐ Add	City:	State:	Zip :
	Contact Name:	Mail Type	
			☐ Bid ☐ Remittance ☐ Purchase Order
	EXISTING MAIL CODE		
	Attn – 1:	Phone: (	)
☐ Change	Attn – 2:	Fax: <u>(</u>	)
☐ Correction	Street or P.O. Box:		
☐ Add	City:		Zip :
	Contact Name:	Mail Type:	☐ Business ☐ Bid
			Remittance Purchase Order
Requestor Signature (Required):			Date:
Authorized Signature (Required):			Date:
Department (Required):		Tele	ephone:

\*ANY QUESTIONS, PLEASE CALL IN LANSING AT (517) 373-4111\*
\*OR TOLL FREE AT 1-888-734-9749\*

**Return completed form to:** 

Department of Management and Budget Office of Financial Management Romney Building, 7<sup>th</sup> Floor Lansing, Michigan 48909 Fax (517) 373-6458

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